

Best Available Copy

6

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE	
								APPLICANT(S)			
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51	/			
2							52	/			
3							53				
4	/						54	/			
5							55	/			
6							56	/			
7							57	/			
8							58	/			
9							59	/			
10							60	/			
11	/						61	/			
12							62	/			
13							63	/			
14							64	/			
15							65	/			
16							66	/			
17							67	/			
18	/						68	/			
19							69	/			
20							70	/			
21							71	/			
22							72	/			
23							73	/			
24							74	/			
25	/						75	/			
26							76	/			
27							77	/			
28							78	/			
29							79	/			
30	/						80	/			
31		/					81	/			
32		/					82	/			
33		/					83	/			
34		/					84	/			
35		/					85	/			
36		/					86	/			
37		/					87	/			
38		/					88	/			
39		/					89	/			
40	/						90	/			
41		/					91	/			
42		/					92	/			
43		/					93	/			
44		/					94	/			
45		/					95	/			
46		/					96	/			
47		/					97	/			
48		/					98				
49		/					99				
50	/						100				
TOTAL IND.	<u>49</u>						TOTAL IND.				
TOTAL DEP.	<u>59</u>						TOTAL DEP.				
TOTAL CLAIMS	<u>68</u>						TOTAL CLAIMS				